

**National Coalition of Hospital Associated Schools and Colleges of Nursing  
STUDENT SCHOLARSHIP APPLICATION  
2023-2024 Academic Year**

This year there will be a total of two (2) \$1,000 scholarships awarded by the NCHASCN. Two (2) scholarships will be given by the NCHASCN. Selection will be based on financial need, academic achievement, involvement in school/professional organizations, and community projects and activities.

### **SCHOLARSHIP ELIGIBILITY**

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To be eligible to apply the nursing student must:

- Be enrolled in a NCHASCN member school during the 2023-2024 academic year in a RN program.
- Be in good standing with your academic program (or “P” if pass/fail grading)
- Have completed at least one full academic year in nursing school.

### **INSTRUCTIONS**

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1. The student scholarship applicant completes Sections I, II, III and IV.
2. The Dean or Director completes Section V.
3. A faculty member completes Section VI.
4. The student must request an official copy of the student’s current nursing school transcript and submit the sealed official transcript with the application.

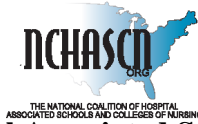
### **SELECTION AND NOTIFICATION**

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Applications will be reviewed by a committee chosen by the NCHASCN Board. All applications will be kept confidential. Scholarships will be awarded by mail. Recipients will be recognized at the Spring 2024 NCHASCN meeting.

**Incomplete applications will not be considered. The transcript and completed application must be postmarked or time stamped via email by 12 a.m. (Midnight), Friday, January 19, 2024 and mailed/e-mailed to the NCHASCN Scholarship Committee Chair:**

**Shelia Foster, MSN RN  
NCHASCN Director of Scholarships  
ATTN: St. Mary’s School of Nursing  
2900 1<sup>st</sup> Avenue  
Huntington, WV 25702  
[shelia.foster@st-marys.org](mailto:shelia.foster@st-marys.org)  
304-526-1418**



## National Coalition of Hospital Associated Schools and Colleges of Nursing Scholarship Application

Note: Application form may be copied as needed. Application may also be reproduced and completed via the applicant or school's computer word processing program.

### **SECTION I: APPLICANT INFORMATION**

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

E-mail address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Permanent (Home) Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

### **SECTION II: APPLICANT'S CERTIFICATION**

I believe I am eligible for and hereby make an application to receive a NCHASCN Scholarship. I certify that all statements entered on my application are complete and accurate. I understand that a panel appointed by the NCHASCN Board will select scholarship winner(s) and its decision will be final.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### **SECTION III: SCHOOL INFORMATION**

NCHASCN Member School \_\_\_\_\_

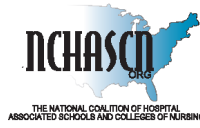
School address \_\_\_\_\_

School phone \_\_\_\_\_

### **SECTION IV: STUDENT STATEMENT**

In narrative format, please include a 1-page typed document that includes:

- A. Current involvement in school involvement/professional organizations and community activities.



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**SECTION V: DEAN/DIRECTOR SIGNATURE**

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Submit to Dean/Director and enclose with the application.

Student Name: \_\_\_\_\_

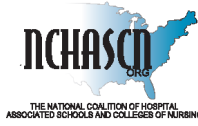
Please check one:

- This student is enrolled in a nursing program and has completed one year of studies.
- This student is enrolled in an LPN-RN completion program and has completed one semester.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Dean or Director

Name (printed) \_\_\_\_\_ Director e-mail: \_\_\_\_\_



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**SECTION VI: FACULTY STATEMENT**

**(Submit this section to a faculty member for completion and include it in your final application.) The reference should be sealed in an envelope with the faculty signature across the seal.**

Student Name: \_\_\_\_\_

Please comment in the space provided concerning:

- A. Length of program and number of nursing courses and months or semesters completed by student.
- B. Student's scholastic abilities.
- C. Factors you feel are relevant to the student's scholarship application.

\_\_\_\_\_  
Signature & Title

E-mail: \_\_\_\_\_

\_\_\_\_\_  
Name (printed)

Phone: \_\_\_\_\_